

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	1						
4		1					
5	1						
6	1						
7		1					
8		1					
9	1						
10		1					
11	1						
12		1					
13	1						
14		1					
15	1						
16		1					
17		1					
18		1					
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29	1						
30		1					
31	1						
32		1					
33	1						
34		1					
35	1						
36		1					
37		1					
38		1					
39	1				1		
40		1					
41	1						
42		1					
43	1						
44		1					
45	1						
46		1					
47		1					
48		1					
49		1					
50		1					
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62	1					
63		1				
64		1				
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89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.	20					
TOTAL DEP.	63					
TOTAL CLAIMS	83					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS